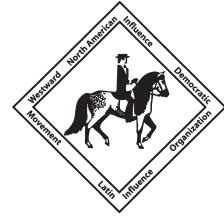


Distribution: White — Return to Paso Fino Horse Assoc., Inc., 4047 Iron Works Parkway, Suite 1, Lexington, KY 40511
 Yellow — Owner Copy

859-825-6002 www.pfha.org



Stallion Report

This Stallion's genetic type must be on permanent record with the registry, prior to registration of his purebred offspring.

FILING FEE – \$50.00 + \$5.00 PER MARE

Deadline: January 1 of year following breeding

List only one year's breeding season.

(Covers Preceding Calendar Year)

Breeding season of _____

Paso Fino Horse Association, Inc.

REPORTS POSTMARKED AFTER JANUARY 31 WILL BE CHARGED A LATE FEE OF \$50.00 + FILING FEE + \$10.00 PER MARE (AMENDED REPORTS \$25 + \$10 PER MARE)

NOTE: Non-member fees are doubled

Stallion number	Stallion name	Location of Stallion during breeding season	Membership # of Stallion Owner
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The Mares listed below were bred to the Stallion whose name and number appears above. Use more than one line if needed.

Mare Registration Number	Print Registered Name of Mare	Check one	Name of Mare Owner	1st Date of Breeding	Last Date of Breeding	Breeding Release
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>
		<input type="checkbox"/> Natural Service <input type="checkbox"/> Off-Premise AI <input type="checkbox"/> Embryo Transfer				Yes <input type="checkbox"/>

Method of Pmt.: Check <input type="checkbox"/> VISA <input type="checkbox"/> M/C <input type="checkbox"/> AMEX <input type="checkbox"/>	cc#	Expiration	Security Code	Name on Card
Signature of recorded owner or authorized agent of stallion at time of service	Address			Date

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE